



<b>SENDER: COMPLETE THIS SECTION</b>		<b>COMPLETE THIS SECTION ON DELIVERY</b>	
<p><b>■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</b></p> <p><b>■ Print your name and address on the reverse so that we can return the card to you.</b></p> <p><b>■ Attach this card to the back of the mailpiece, or on the front if space permits.</b></p>		<p>A. Signature  <input checked="" type="checkbox"/> Agent  <input type="checkbox"/> Addressee</p>	
		B. Received by ( <i>Printed Name</i> ) <i>J. Oliver</i>	C. Date of Delivery <i>1-26-04</i>
		Address different from item 1? <input type="checkbox"/> Yes If delivery address below: <input type="checkbox"/> No	
 <b>Daniel Jones, Warden</b> <b>W E Donaldson Correctional Facility</b> <b>100 Warrior Lane</b> <b>Bessemer, AL 35203</b>			
		Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.	
2. Article Number <i>(Transfer from service label)</i>		4. Restricted Delivery? ( <i>Extra Fee</i> ) <input type="checkbox"/> Yes	
PS Form 3811, February 2004		Domestic Return Receipt 7005 1160 0001 2962 1362	

<b>SENDER: COMPLETE THIS SECTION</b>	<b>COMPLETE THIS SECTION ON DELIVERY</b>
<p> <input checked="" type="checkbox"/> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.  <input checked="" type="checkbox"/> Print your name and address on the reverse so that we can return the card to you.  <input checked="" type="checkbox"/> Attach this card to the back of the mailpiece, or on the front if space permits                 </p> <p style="text-align: center;">  </p> <p>                     Hon. Troy King                      Attorney General for the                      State of Alabama                      11 South Union Street                      Montgomery, AL 36130                 </p>	<p>                     A. Signature  <div style="border: 1px solid black; padding: 5px; display: inline-block;">                         X <i>J Taylor</i> </div> </p> <p> <input type="checkbox"/> Agent  <input type="checkbox"/> Addressee                 </p> <p>                     B. Received by (Printed Name)  <div style="border: 1px solid black; padding: 5px; display: inline-block;"> <i>J Taylor</i> </div> </p> <p>                     C. Date of Delivery  <div style="border: 1px solid black; padding: 5px; display: inline-block;"> <i>1/26/07</i> </div> </p> <p>                     dress different from item 14 <input type="checkbox"/> Yes                      delivery address below: <input type="checkbox"/> No                 </p>
<p>                     2. Article Number                      (Transfer from service label)                 </p>	<p> <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail  <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise  <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.                 </p> <p>                     4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes                 </p>
<div style="display: flex; justify-content: space-between; align-items: center;"> <div> <p style="font-size: 24px; margin: 0;"><i>3:07071 (per order 2004)</i></p> <p style="font-size: 24px; margin: 0;">3:07071</p> </div> <div> <p style="font-size: 24px; margin: 0;">7005 1160 0001 2962 1379</p> </div> </div>	